

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>X</i>		4-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	8/17/01
2	✓	✓	8/21/01
3	✓	✓	8/23/01
4	✓	✓	8/23/01
5	✓	✓	8/23/01
6	✓	✓	8/23/01
7	✓	✓	8/23/01
8	✓	✓	8/23/01
9	✓	✓	8/23/01
10	✓	✓	8/23/01
11	✓	✓	8/23/01
12	✓	✓	8/23/01
13	✓	✓	8/23/01
14	✓	✓	8/23/01
15	✓	✓	8/23/01
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25	✓	✓	8/23/01
26	✓	✓	8/23/01
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28	✓	✓	8/23/01
29	✓	✓	8/23/01
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42	✓	✓	8/23/01
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46	✓	✓	8/23/01
47	✓	✓	8/23/01
48	✓	✓	8/23/01
49	✓	✓	8/23/01
50	✓	✓	8/23/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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